

Provider Enrollment Toolkit 2013



Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
Vaccines for Children Program
P.O. Box 570 • Jefferson City, MO 65102
800.219.3224 • health.mo.gov/immunizations

Vaccines for Children

The Vaccines for Children (VFC) program is funded by the Centers for Disease Control and Prevention (CDC) and coordinated by the Missouri Department of Health and Senior Services (DHSS) to provide free vaccines to children in Missouri who qualify.

All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the CDC and the Department of Health and Human Services (DHHS) are provided, at no cost, to participating medical providers. Any medical provider authorized to prescribe vaccines in Missouri may become a VFC provider.

There is no charge to medical providers to participate. However, VFC funded vaccine must be stored in stand alone refrigerators and freezers. A certified calibrated thermometer is required for each unit storing this vaccine.

Every medical provider receiving federally purchased vaccine through the VFC program is required to complete and submit enrollment forms annually.

Missouri's VFC program offers medical providers two options to complete the required enrollment:

- **ELECTRONICALLY:**

Visit <http://health.mo.gov/living/wellness/immunizations/>, electronically complete, print, sign and fax or mail the required forms to the VFC program.

- **HARD COPY:**

Visit <http://health.mo.gov/living/wellness/immunizations/>, Complete, sign and fax or mail the required forms to the VFC program OR call 800.219.3224 to request a copy.

VFC MAILING ADDRESS:

Missouri Department of Health
and Senior Services
Vaccines for Children Program
P.O. Box 570
Jefferson City, MO 65102

FAX: 573.526.5220

PHONE: 800.219.3224

New providers must also submit one week of temperature readings and a copy of the thermometer certificates for all units storing VFC vaccines. A certified calibrated thermometer is required for each refrigerator and freezer holding or transporting VFC vaccine.

Note: Medical providers with multiple satellite clinics must complete enrollment forms for each site.

The deadline for submitting the required enrollment forms is July 31, 2013.



Provider Enrollment / Re-Enrollment



It is a federal requirement that each site that receives Vaccines for Children funded vaccine complete and submit this enrollment form at least once each year. Enrolled medical provider sites should update their information whenever the estimate of eligible children to be served changes; the status of the facility changes (i.e., a private provider becomes an agent of a federally qualified health center, etc.); or the individuals with prescription writing privileges change.

PRACTICE/CLINIC INFORMATION

PIN: _____ DATE VALIDATED (VFC PROGRAM USE): _____

PRACTICE NAME: _____

SHIPPING ADDRESS (MUST BE A STREET ADDRESS, NO PO BOX): _____ MO ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SHIPPING INFORMATION): _____ MO ZIP: _____

CITY: _____ COUNTY: _____ TELEPHONE: _____ FAX: _____

Would you like your practice information listed in the VFC Locator Online Tool? ☐ YES ☐ NO

VFC CONTACTS

Please provide the name, phone number and e-mail address of the Vaccine Coordinator (primary contact), or person that is authorized to order vaccines on behalf of your practice and the VFC Secondary Contact (back-up contact), below. E-mail is the main mode of communication from the VFC Program and vaccine order confirmations are e-mailed to the Vaccine Coordinator. You may also provide additional VFC Contact(s) that need to receive program communications.

	FIRST NAME	LAST NAME	PHONE (DIRECT LINE)	E-MAIL ADDRESS
PRIMARY VACCINE COORDINATOR				
BACK-UP VACCINE COORDINATOR				
ADDITIONAL VFC CONTACT				
ADDITIONAL VFC CONTACT				
ADDITIONAL VFC CONTACT				

VFC Coordinator has completed the annual training requirement: ☐ YES ☐ NO

VACCINE DELIVERY INSTRUCTIONS

Between the hours of 8 am and 5 pm, write the days of the week and times you may receive vaccine deliveries

	OPENING TIME	CLOSED FOR LUNCH	OPEN AFTER LUNCH	CLOSING TIME
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

PROVIDER TYPE

☐ PUBLIC HEALTH DEPARTMENT OR LOCAL PUBLIC HEALTH AGENCY (LPHA)
 ☐ PRIVATE PRACTICE
 ☐ PRIVATE HOSPITAL
☐ FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
 ☐ RURAL HEALTH CENTER (RHC)
☐ OTHER PUBLIC _____
 ☐ OTHER PRIVATE _____

SPECIALITY OR SPECIALITY CLINIC TYPE

☐ PEDIATRIC
 ☐ FAMILY PRACTICE
 ☐ OB/GYN
 ☐ FAMILY PLANNING
 ☐ MULTISPECIALITY
 ☐ OTHER _____

VFC FUNDED VACCINE STORAGE UNITS

<u>REFRIGERATOR</u>	# OF UNITS	<u>FREEZER</u>	# OF UNITS
<input type="radio"/> BIO-MEDICAL (UNDER COUNTER)	_____	<input type="radio"/> SMALL (UNDER COUNTER)	_____
<input type="radio"/> FREEZERLESS (STAND ALONE)	_____	<input type="radio"/> CHEST (STAND ALONE)	_____
<input type="radio"/> PHARMACY GRADE (LARGE CAPACITY)	_____	<input type="radio"/> UPRIGHT (STAND ALONE)	_____
<input type="radio"/> COMBINATION (HOUSEHOLD UNIT)	_____	<input type="radio"/> COMBINATION (HOUSEHOLD UNIT)	_____
		<input type="radio"/> PHARMACY GRADE (COMMERCIAL)	_____
		<input type="radio"/> NO VARICELLA	_____

PATIENT ESTIMATES

Estimate the % of patients 0-18 years of age who are VFC eligible. _____

Estimate the number of individuals who will receive immunizations at your practice or clinic for a 12-month period, by category:

AGES Do not count a child in more than one category.	<1 YEAR	1-6 YEARS	7-18 YEARS	19+ YEARS (LPHAS ONLY)	TOTAL
MEDICAID ELIGIBLE					
NO HEALTH INSURANCE					
AMERICAN INDIAN OR ALASKAN NATIVE					
UNDERINSURED (FOHC/RHC/DEPUTIZED LPHAS) HEALTH INSURANCE DOES NOT PROVIDE VACCINE COVERAGE, CERTAIN VACCINES OR HAS A FIXED DOLLAR LIMIT OR CAP FOR VACCINES.					
TOTAL VFC ELIGIBLE					
ELIGIBLE FOR Non-VFC 317 VACCINE (LPHAS ONLY)					

Type of data used to determine projections: ☐ BENCHMARKING DATA ☐ PROVIDER ENCOUNTER DATA
☐ VACCINE REPLACEMENT DATA ☐ SHOWME VAX OR REGISTRY DATA

Does this practice/clinic immunize children 11-18 years of age? ☐ YES ☐ NO

HEALTH CARE PROVIDERS WHO ADMINISTER VFC PROGRAM PROVIDED VACCINE

List all health care providers at your facility with prescription writing privileges who will administer VFC funded vaccines. This must include information for physicians who provide the standing orders or collaborative practice for the facility. **Note:** It is not necessary to include the names of all staff who may administer VFC funded vaccine, but rather only those who possess a medical license or are authorized to write prescriptions. Attach additional sheets if necessary.

FIRST NAME	LAST NAME	TITLE	MEDICAL LICENSE NUMBER	NURSE/PHYSICIAN NPI NUMBER	FACILITY NPI NUMBER

Signature: _____
 Medical License Number: _____ Date: _____

By signing your name, medical license number and date, you, on behalf of yourself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which you are the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements above.



Certification of Capacity to Store Vaccine



Please review all the terms of this agreement carefully. To participate in the VFC program and receive federally-procured vaccine, providers must acknowledge and agree to conditions in this agreement.

COMPLY WITH STORAGE AND HANDLING REQUIREMENTS

All VFC providers must comply with Missouri's VFC Refrigerator/Freezer Unit Requirements found at <http://health.mo.gov/living/wellness/immunizations/storagehandling.php>.

New providers must use stand alone refrigerator and freezer units for storage of vaccine. Providers enrolled prior to April 2009 will be required to obtain refrigerator-only units when household style units malfunction and/or need replacement. Small dormitory refrigerators are not allowed for vaccine storage, even for daily use.

DESIGNATE A VACCINE COORDINATOR

Designate one fully trained staff member to be the primary vaccine coordinator and at least one individual to be the back-up and ensure on-going training.

SET -UP REFRIGERATOR AND FREEZER PROPERLY

Ensure space to allow air flow. Keep vaccines away from the walls, floor, and other boxes. Group vaccines by type and clearly label the designated space for each vaccine. Place thermometers in the center of the refrigerator and freezer. Do not store food in the refrigerator or freezer or vaccine in the doors or drawers. If the refrigerator unit has vegetable drawers, remove them and fill the space with water bottles in the refrigerator and ice packs in the freezer.

USE CERTIFIED CALIBRATED THERMOMETERS

Thermometers must be certified in accordance with the National Institute of Standard and Technology. Additionally, any type of temporary storage requires a certified thermometer.

STORE VACCINE AT RECOMMENDED TEMPERATURES

Freeze Varicella at 5°F or below or -15°C or colder

(The ideal temperature is 0°F or -18°C to keep temperatures from getting too warm.)

Refrigerate all other vaccines at 35°F to 46°F or 2°C to 8°C

(The ideal temperature is 40°F or 4°C to keep temperatures from getting too warm or too cold.)

CHECK AND RECORD REFRIGERATOR AND FREEZER TEMPERATURES TWICE A DAY

Temperatures should be checked first thing in the morning and at close of business. VFC program approved temperature logs must be used and kept for three years.

Temperature logs should be reviewed and signed off weekly by a supervisor or another member of the staff to ensure temperature excursions did not occur.

If the temperature is out of range, immediate action must be taken to correct improper vaccine storage conditions. Document all actions taken on the temperature log and contact your assigned VFC liaison immediately.

At the end of the day, check to make sure that refrigerator and freezer doors are shut.

KEEP VFC VACCINE SEPARATE FROM PRIVATELY PURCHASED VACCINE

Must be able to clearly distinguish public and private vaccine stock. Vaccine should be labeled either VFC or private for clear identification and ideally kept on different shelves to minimize potential confusion.

MAINTAIN AND ROTATE STOCK

Rotate stock by placing short-dated vaccine in the front. Contact your VFC liaison or Immunization Quality Manager if you have vaccine that will expire within 90 days. Keep vaccine in original packaging until use.

MONITOR CAPACITY TO STORE VACCINES ESPECIALLY DURING FLU SEASON

Inventory vaccine and ensure that there is enough space in the refrigerator and freezer before ordering.

CONTACT YOUR VFC LIASION IMMEDIATELY IF YOU HAVE STORAGE AND HANDLING PROBLEMS WITH VFC VACCINE SHIPMENTS

Vaccine shipments must be inspected immediately upon delivery to confirm the contents and verify temperature monitors indicate vaccine has not been exposed to temperatures outside the appropriate range. Any issue with vaccine shipments must be reported immediately to your VFC liaison.

CONTACT YOUR VFC LIAISON IF YOU HAVE STORAGE AND HANDLING CONCERNS

If you have any problems with your refrigerator or freezer, keep the refrigerator or freezer doors shut and notify your assigned VFC liaison. Ensure that your Emergency Response Plan is current and an alternate location has been identified.

You will be held financially responsible for replacing vaccine doses due to negligence if the above procedures are not followed.

Signature: _____

Medical License Number: _____ Date: _____

By signing, I, on behalf of myself and all practitioners associated with this medical office, group practice, health department, specialty clinic, hospital or other entity of which I am the physician-in-charge, medical director or equivalent, agree to comply with each of the VFC program requirements above.



Provider Participation Agreement



Please review all the terms of this agreement carefully. To receive publicly funded vaccines at no cost I agree to the following conditions on behalf of myself and all the practitioners, nurses, and others associated with the healthcare facility of which I am the medical director or practice administrator or equivalent:

PATIENT SCREENING

I will screen patients and document eligibility status at each immunization encounter for VFC eligibility and administer VFC-purchased vaccine only to children who are 18 years of age or younger who meet one or more of the following categories:

- i. are an American Indian or Alaskan Native;
 - ii. are enrolled in Medicaid;
 - iii. have no health insurance; and
 - iv. are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only).
- Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

IMMUNIZATION SCHEDULES

I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:

- a) in the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate;
- b) the particular requirements contradict state law, including laws pertaining to religious and other exemptions.

MAINTAIN RECORDS

I will maintain all records related to the VFC program for a minimum of three years, or longer if required by state law, and make these records available to public health officials, including the Missouri Department of Health and Senior Services, (DHSS) or Department of Health and Human Services, (DHHS) upon request.

CHARGING A FEE FOR VACCINES FOR CHILDREN FUNDED VACCINE

I will immunize eligible children with VFC-supplied vaccine at no charge to the patient for the vaccine.

ADMINISTRATIVE FEE

I will not charge a vaccine administration fee to non-Medicaid VFC-eligible children that exceeds the administration fee cap of \$21.53 per vaccine dose. For Medicaid VFC-eligible children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.

UNABLE TO PAY

I will not deny the administration of a federally purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.

VACCINE INFORMATION STATEMENTS

I will distribute the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).

VACCINE ORDERING/ACCOUNTABILITY/MANAGEMENT

I will comply with the requirements for vaccine ordering, vaccine accountability, and vaccine management. I agree to operate within the VFC program in the manner intended to avoid fraud and abuse. I understand VFC providers may not store federally purchased vaccine in dormitory style refrigerators at any time. I will return all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration.

SITE VISITS

I will participate in VFC program compliance site visits, storage and handling unannounced visits, and other educational opportunities associated with VFC program requirements.

DEPUTIZED PROVIDERS

For providers with a signed Memorandum of Understanding between a FQHC or RHC and the state/local immunization program to serve underinsured VFC-eligible children, I agree to:

- a) include "underinsured" as a VFC eligibility category during the screening for VFC eligibility at every visit;
- b) vaccinate "walk-in" VFC-eligible underinsured children; and
- c) report required usage data

VTRCKS

Should my staff, representative, or I access VTrckS, I agree to be bound by CDC's terms of use for interacting with the online ordering system. I further agree to be bound to any applicable federal laws, regulations or guidelines related to accessing a CDC system and ordering publically funded vaccines.

In advance of any VTrckS access by my staff, representative or myself, I will identify each member of my staff or representative who is authorized to order vaccines on my behalf. In addition, I will maintain a record of each staff member who is authorized to order vaccines on my behalf. If changes occur, I will inform CDC within 24 hours of any change in status of current staff members or representatives who are no longer authorized to order vaccines, or the addition of any new staff authorized to order on my behalf. I certify that my identification is represented correctly on this provider enrollment form.

FINANCIAL RESPONSIBILITY

I will be financially responsible for the replacement cost of any VFC funded vaccine that I receive for which I cannot account for, that spoil or expire due to negligence.

TERMINATION

I understand this facility or the state/local immunization program may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate this agreement, I will properly return any unused VFC vaccine.

Signature: _____

Medical License Number: _____ Date: _____

By signing this form, I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines for Children enrollment requirements listed above and understand I am accountable for compliance with these requirements.



Emergency Response Plan



Your Emergency Response Plan must include actions to be taken in the event of refrigeration or freezer malfunction, out-of-range temperatures, power failure, natural disaster or other emergencies that might compromise appropriate vaccine storage conditions. All staff should review, sign and date the emergency response plan on an annual basis or when there is a change in staff that has responsibilities outlined in the emergency response plan. If your facility already has a written Emergency Response Plan you may submit that document with annual application forms, however, the plan must include all of the following components.

PRACTICE/CLINIC INFORMATION

PRACTICE NAME: _____ PIN: _____

PRIMARY PERSON RESPONSIBLE: _____ PHONE: _____ CELL: _____

SECOND PERSON RESPONSIBLE: _____ PHONE: _____ CELL: _____

PERSON WITH 24-HOUR ACCESS TO BUILDING: _____ PHONE: _____ CELL: _____

POWER OUTAGE

REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224

HOW WILL YOU BE NOTIFIED OF A POWER OUTAGE AT YOUR FACILITY (ALARM, PHONE CALL, PAGING SERVICE)?

Insert description of how the responsible person will be notified. Who will be notified first, second, third, etc.?

1. NAME: _____

PHONE: _____ CELL: _____

2. NAME: _____

PHONE: _____ CELL: _____

3. ALARM COMPANY NAME (IF APPLICABLE): _____

PHONE: _____ CELL: _____

IF YOUR FACILITY DOES NOT HAVE A GENERATOR:

Identify at least one location with a generator (hospital, pharmacy, nursing home or fire station) that may be used for a back-up location for vaccine storage.

ALTERNATE STORAGE FACILITY (IF APPLICABLE): _____

PHONE: _____ CELL: _____

IF YOUR FACILITY HAS A GENERATOR:

Who will turn on the generator and maintain it (supplying fuel if needed) during the power outage?

NAME: _____

PHONE: _____ CELL: _____

WHEN ENTERING THE VACCINE STORAGE FACILITY, PLEASE DO THE FOLLOWING:

Utilize the (insert which entrance) _____ of the building.

Flashlights will be located on the _____

Circuit breakers may be checked and the box is located: _____

THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures. Label vaccine "DO NOT USE" until the efficacy of the vaccine has been determined. **A COPY OF ALL** documentation must be sent to the VFC Program upon completion.

DETERMINE IF VACCINE WILL NEED TO BE TRANSPORTED:

How long will the power likely be out? _____

Electric Company: _____

Phone: _____

TRANSPORT per the Transport Vaccine Procedures.

MECHANICAL FAILURE OF EQUIPMENT*****REPORT TO THE VFC PROGRAM IMMEDIATELY AT 800.219.3224*****

INCLUDES situations where the refrigerator or freezer door was left open, the temperature of the refrigerator or freezer was too warm or too cold, the storage unit was unplugged or any other situation which would cause improper storage conditions.

TAKE ACTION! To correct the mechanical failure if you can (shut the door, plug in the unit, move the thermostat to the correct position).

If the mechanical failure cannot be immediately rectified, refer to the Transporting Vaccine Procedures.

THEN use the Emergency Response Worksheet to document vaccine that has been subjected to unsafe temperatures. Label vaccine "DO NOT USE" until the efficacy of the vaccine has been determined.

A COPY OF ALL documentation must be sent to the VFC Program upon completion.

WHO NEEDS TO BE CONTACTED TO REPAIR OR REPLACE THE UNIT?

1. **NAME:** _____

PHONE: _____ **CELL:** _____

2. **NAME:** _____

PHONE: _____ **CELL:** _____

3. **NAME:** _____

PHONE: _____ **CELL:** _____

TRANSPORTING VACCINE PROCEDURES:

WHO WILL TRANSPORT THE VACCINE (PERSONAL VEHICLES MAY BE USED)? CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

NAME: _____ **PHONE:** _____ **CELL:** _____

Ice/gel packs to use are located in freezers in the vaccine storage units.

Insulated containers (Styrofoam or vaccine shipping boxes) to use are located: _____

Bubble wrap and/or other barrier are located: _____

USE THE EMERGENCY RESPONSE WORKSHEET: To document vaccine stored in your storage units in the event of refrigerator or freezer malfunction, out-of-range temperatures, power failure, natural disasters or other emergencies that might compromise appropriate vaccine storage conditions. Document current temperatures of the storage unit and conduct an inventory of all vaccines with lot numbers and expiration dates before transporting the vaccine.

LABEL: Vaccines or containers must be labeled with your facility name and contact information.

PROVIDE A BARRIER: Vaccines must be transported in an insulated container with a BARRIER separating the vaccines from the ice/gel packs.

CONTACT PERSON AT BACK-UP LOCATION:

NAME: _____ **PHONE:** _____ **CELL:** _____

CALL: Before transporting vaccine call the back-up location site to ensure that their generator is working and they are aware you will be transporting vaccine to them. Once you arrive at the back-up location, assure that they are aware of how to properly store and maintain the vaccine while it is in their possession.

TAKE THE MOST DIRECT ROUTE TO THE BACK-UP LOCATION. DIRECTIONS:

UPON ARRIVAL: Open the containers, record the temperatures, inventory the stock (with the receiving person) and see that the receiving person places vaccines in the proper storage units which are maintained at the proper temperature ranges.

REFRIGERATOR VACCINE: To pack for transport, place ice packs or refrigerated gel packs in the bottom of a container, lay a barrier (bubble wrap, crumpled paper, etc.) on top of the gel or ice packs followed by the vaccine and the thermometer, cover with another layer of bubble wrap or crumpled paper followed by an additional layer of gel or ice packs. Close lid. Log time and temperature on transfer form before transport and immediately upon arrival at destination.

FREEZER VACCINE: MMR (not diluents), MMRV, and Varicella (VAR) **must** be transported in a separate container with extra ice/gel packs to maintain freezer temperatures. No barrier is needed. Mark the container "Freezer Vaccines" place the vaccine in container along with a thermometer and pack container with enough gel packs to maintain temperature. If temperature exceeds 5 degrees F (-15 degrees C) contact the vaccine manufacturer for assistance. Log time and temperature on transfer form before transport and immediately upon arrival at destination. CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

REVIEW EMERGENCY PLAN:

The emergency plan must be reviewed and/or updated annually or when changes in staff occur.

The primary and secondary vaccine coordinators are responsible for training other staff who are responsible for administering vaccines or who may be required to transport vaccine in an emergency situation, following the facility's vaccine storage and handling plan.

All staff should review, sign and date the emergency plan annually.

	FIRST NAME	LAST NAME	PHONE	CELL
PRIMARY VACCINE COORDINATOR				
BACK-UP VACCINE COORDINATOR				
ADDITIONAL VFC CONTACT				
ADDITIONAL VFC CONTACT				

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Vaccine Management Plan



This plan is used for storage and handling vaccine. If your facility already has a written Vaccine Management Plan you may submit that document with annual application forms; however, the plan must include all of the following components.

PRACTICE/CLINIC INFORMATION

PRACTICE NAME: _____ PIN: _____

PRIMARY VACCINE COORDINATOR: _____ PHONE: _____ CELL: _____

657?II D VACCINE COORDINATOR: _____ PHONE: _____ CELL: _____

VACCINE STORAGE AND HANDLING

Vaccine storage and handling plans follow the "Vaccine Management Guidelines" found in the VFC Program Manual and the CDC "Vaccine Storage and Handling Toolkit" found at <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

Responsibilities include:

- All staff will only open one box of vaccine at a time.
- All staff will not "dump" vaccine into other containers (even if they are the same vaccine).
- All staff will check and use vaccine within time frames specified by manufacturer labeling and recommendations prior to administration.
- All staff will ensure that vaccines are not "pre-drawn" from their vials.
- All staff will ensure that vaccines are kept away from sides and back of the refrigerator.
- Remove produce drawers and place bottles of water in that space.
- Ensure that vaccines are not stored in the door of the refrigerator.
- Line the freezer sides and floor with ice packs.
- Regularly check all storage units to ensure adequate air circulation is occurring around vaccine and that vaccine has not been placed in closed bins (such as the plastic closed containers supplied by drug manufacturer representatives).
- Take appropriate steps to ensure refrigerators and freezers are not unplugged accidentally, the "Do Not Unplug" sticker is visible, and the use of plug guards or other means to secure plugs are in place.
- Ensure that refrigeration units are plugged directly into outlets and not into power strips or extension cords.
- Identify and label the circuit breakers for the vaccine refrigerators and freezers using the "Do Not Turn Off" stickers or similar labeling.
- Ensure that all staff are proficient in their ability to properly pack vaccine for transfer or emergency shipping.
- Ensure that all staff are proficient in their ability to read thermometers, know correct temperature ranges, and can properly record temperatures on correct (Fahrenheit or Celsius) temperature logs.
- Ensure that temperatures are taken twice per day AM/PM when clinic is open and logged on appropriate (Fahrenheit or Celsius) temperature log.
- VFC office coordinator or designee will record temperatures daily and a supervisor is required to review temperature log and sign-off on the log weekly indicating all temperatures were within range or that proper corrective action was taken. Signed temperature logs that contain out of range temperatures that were marked "Yes" temperature was within range is considered negligence.

- Submit temperature logs the first business day of each month.
- If at any time there is a break in the cold chain the VFC program is to be notified immediately and provided with the completed Emergency Response Worksheet.
- Ensure that all required monthly reports are submitted to the VFC program on time and that the most current form is used.
- Maintain a simple training log documenting staff training dates.

VACCINE ORDERING

Vaccine ordering plans follow the “Vaccine Management Guidelines” found in the VFC Program Manual.

Responsibilities include:

- Ensure that all orders are made by ordering the number of vaccine doses needed, not the number of boxes.
- Ensure that if more than one vaccine manufacturer is available, order one brand as much as possible to lessen administration and accounting errors.
- Ensure that all orders are signed and dated.
- Ensure that all orders include PIN and provider name.
- Ensure that the vaccine ordered is only to maintain approximately a 45-day supply of vaccine.
- Ensure that the vaccine orders are e-mailed to the VFC program at VFC@health.mo.gov or faxed to 573.526.5220.
- Ensure that all vaccine orders are submitted properly with required documentation.
- Temperature logs are to be documented from the first day of the month through the last day of the month.
- Ensure that all monthly reports are submitted within the assigned order frequency cycle to assure provider remains in good standing and orders can be processed without delay.

VACCINE SHIPPING (INCLUDES RECEIVING & TRANSPORT)

Vaccine shipping plans follow the “Vaccine Management Guidelines” found in the VFC Program Manual the CDC “Vaccine Storage and Handling Toolkit” found at <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

Responsibilities for receiving include:

- Upon receipt of vaccine, immediately examine all vaccine shipments for damage, or opening prior to receipt, contacting the VFC program within two hours of delivery if abnormalities are noted.
- Immediately open the shipping box and count vaccines received, comparing the numbers against shipping invoice and order form, check the temperature of the vaccine to see that they have not gone out-of-range, again contacting the VFC program within 2 hours of delivery if abnormalities are noted.
- Immediately store vaccines in the appropriate refrigeration storage units, checking expiration dates and placing the order received in the proper stock rotation to assure usage of the shortest expiration dated vaccines are used first.
- Maintain vaccine packing slip from manufacturers for three years.
- VFC highly recommends:
- Documenting the date and time your order was received on packing slip.
- Writing the expiration date in black marker on top of vaccine box.
- Taping boxes of vaccine shut that are not already secured by the manufacturer to avoid opening more than one box of vaccine at a time and to help facilitate your monthly vaccine inventory count.

VACCINE SHIPPING (INCLUDES RECEIVING & TRANSPORT) continued...Responsibilities for vaccine transport include:

Vaccines must be transported in an insulated container with a BARRIER separating the vaccines from the ice/gel packs.

CONTACT the VFC program at 800.219.3224 prior to transfer. Complete the Vaccine Transfer form found at <http://health.mo.gov/living/wellness/immunizations/> and take with the vaccine to the new location. Upon arrival, open the containers, record the temperatures, inventory the stock (with the receiving person) and verify that the receiving person places vaccines in the proper refrigeration units, which are maintained at the proper temperature ranges. If vaccine has been placed in a closed zip lock bag for transfer, the vaccine must be removed from the bag prior to being placed in storage unit to allow for proper air circulation. After transfer is complete, fax a copy of the Vaccine Transfer form to the VFC Program at 573.526.5220.

REFRIGERATOR VACCINE: To pack for transport, place ice packs or refrigerated gel packs in the bottom of a container, lay a barrier (bubble wrap, crumpled paper, etc.) on top of the gel or ice packs followed by the vaccine and the thermometer, cover with another layer of bubble wrap or crumpled paper followed by an additional layer of gel or ice packs. Close lid. Log time and temperature on transfer form before transport and immediately upon arrival at destination. CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

FREEZER VACCINE: MMR (not diluents), MMRV, and Varicella (VAR). Must be transported in a separate cooler with extra ice/gel packs to maintain freezer temperatures. No barrier is needed. In container marked "Freezer Vaccines" place vaccine in appropriate container along with thermometer and pack container with enough gel packs to maintain temperature. If temperature exceeds 5 degrees F (-15 degrees C) contact the vaccine manufacturer for assistance. Log time and temperature on transfer form before transport and immediately upon arrival at destination. CDC discourages transporting vaccine in the trunk of a car or in the bed of a truck during weather extremes.

INVENTORY CONTROL (E.G. STOCK ROTATION)

Inventory control plans follow the "Vaccine Management Guidelines" found in the VFC Program Manual the CDC "Vaccine Storage and Handling Toolkit" found at <http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf>

Responsibilities include:

- Check expiration dates monthly;
- Put the expiration date on the box so it is easily visible yet not obscuring vital vaccine information on the box;
- Rotate vaccine as needed to ensure that the shortest expiration dated vaccine is used first.
- Ensure that vaccine does not expire;
- If expiration date is within 90 days, contact the local county health department or another VFC provider to see if they will accept a transfer;
- If unable to find transfer, contact the VFC program for transfer assistance.

VACCINE WASTAGE

Vaccine wastage plans follow the "Vaccine Management Guidelines" as found in the VFC Program Manual.

Responsibilities include:

- In the event that vaccine is wasted, the Vaccine Wastage and Return Form located at <http://health.mo.gov/living/wellness/immunizations/> will need to be completed and submitted to the VFC Program.

Instructions and reasons for returning wasted vaccine are on the form. Please follow the instructions to complete and return the form to the VFC Program.